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CONFIRMATION NO. 4565

Bib Data Sheet

SERIAL NUMBER 10/710,566	FILING OR 371(c) DATE 07/21/2004 RULE	CLASS 438	GROUP ART UNIT 2811	ATTORNEY DOCKET NO. FIS920040057 (00750489AA)
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\*\* CONTINUING DATA \*\*\*\*\*  
*None A.O.A.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None A.O.A.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 29	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>o-o-o-o</i> Examiner's Signature	Initials			

## ADDRESS

30743

## TITLE

TOP-OXIDE-EARLY PROCESS AND ARRAY TOP OXIDE PLANARIZATION

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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